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To: Examiner Leonardo Andujar **From:** Leslie S. Szivos
Fax: 703-872-9318 **Pages:** 6 Including cover
Phone: **Date:** 4/10/2002
Re: U.S. Patent Appln. No. 09/782,494 **cc:**
IBM Ref: YOR920000745US1
SSMP Docket: 14029
For: BILAYER WAFER-LEVEL UNDERFILL

For Review

• Comments:


1. Amendment Transmittal Letter (in duplicate)
2. Response under 37 C.F.R. §1.111 and 1.143
3. Authorization to Charge Deposit Account
4. Certificate of Transmission by Facsimile dated April 10, 2002

FAX COPY RECEIVED**APR 10 2002****TECHNOLOGY CENTER 2800**

Applicants: Stephen L. Buchwalter, et al.
Serial No. 09/782,494
Filed: February 13, 2001
For: BILAYER WAFER-LEVEL UNDERFILL
Docket: YOR920000745US1 (14029)
Dated: April 10, 2002

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. YOR920000745US1 (14029)		
Applicant(s): Stephen L. Buchwalter, et al.					
Serial No. 09/782,494	Filing Date February 13, 2001	Examiner Leonardo Andujar	Group Art Unit 2826		
Invention: BILAYER WAFER-LEVEL UNDERFILL					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: April 10, 2002		
Leslie S. Szivos Registration No. 39,394 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>					
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